

**UTAH DEPARTMENT OF AGRICULTURE & FOOD
FISH HEALTH PROGRAM**

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AQUACULTURE FACILITY

**Annual Report of Brokering
of Live and/or Dead Aquatic Animals**

Calendar Year _____ Certificate of Registration Number _____

Broker's Name _____ Fish Health Approval Number _____

Address _____

DATE obtained	NAME & ADDRESS of PERSON WHO PROVIDED FISH TO THE BROKER	FHA # or COR # of PROVIDER	NUMBER, SIZE, SPECIES and WEIGHT	NAME & ADDRESS & PHONE of PERSON RECEIVING FISH	COR # (UTAH recipients ONLY)	DATE of DELIVERY	live	dead

Signature _____ Date _____

Please duplicate this sheet as necessary.
AG-334b 4/15/03